FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:29

DOCUMENT # L31095 (7)

1. Corporate Name
J.P.'S LIMOUSINE SERVICE, INC.

Principal Office
18541 HOLLY ROAD
P.O. BOX 2538
FT MYERS FL 33902

Mailing Address
18541 HOLLY ROAD
P.O. BOX 2538
FT MYERS FL 33902

FOR OFFICE USE ONLY

3. Date Incorporated or Qualified: 11/21/1989
3a. Date of Last Report: 08/02/1994

2. Principal Place of Business
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2a. Mailing Address
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29 30

4. FEI Number: 65-0220949
Applied For / Not Applicable

5. Certificate of Status Desired: X $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ $5.00 May Be Added to Fees

8. Is the corporation liable for franchise tax under Chapter 607 Florida Statutes: ☐ Yes X No

9. Name and Address of Current Registered Agent
POELKER, JAMES
18541 HOLLY ROAD
FT MYERS FL 33912

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 of the Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS
TITLE D
NAME POELKER, JAMES
STREET ADDRESS 18541 HOLLY RD.
CITY-ST-ZIP FORT MYERS BEACH FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report, if applicable, meets or exceeds the requirements of Section 607.0505, Florida Statutes. I further certify that the information supplied on the annual report or supplemental amendment, if applicable, shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or is attached with an asterisk.

SIGNATURE: JAMES M POELKER PRES 4-19-95 813-267-7171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0334381 CP